Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7/11/2010</u>	Address:	26565 Lakeview Dr.
Case #:	<u>24F31686</u>		Elkhart, In
County:	<u>Elkhart</u>		
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
	al/Glassware/Equipment (only) te (only)	⊠ Outbuilding □ Vehicle	☐ Open – No Structure ☐ Other: Property vacant
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): Wood burner			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): Wood Burner			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one)(number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Osolo Fire	Fax: <u>574-2</u>	
Health Department: Elkhart Co.		Fax: <u>(574)</u> Fax:	
Child Prote	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.